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Jarett K. Abrar Myers Bigel Sib P.O. Box 37428		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
Raleigh, NC 27627				*i	Tracy Wallace					(Depositor's name)	
				ĺ					(Signature)		
					April 13, 2007			7	(Date)		
APPLICATION NO.	FILING DATE	G DATE		FIRST NAMED INVENT		ATTO		RNEY DOCKET NO.	CONF	CONFIRMATION NO.	
10/721,563	11/25/2003			Tal Kafri		9435-2			5850		
TITLE OF INVENTION	· · · · · · · · · · · · · · · · · · ·			PUBLICATION FEE D	are I	PREV. PAID ISSU	e eec	TOTAL FEE(S) DUE		DATE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE	\$300		\$0		\$1000		04/16/2007	
nonprovisional	YES	\$700				<sub></sub> ສບ <b>¬</b>		\$1000		0-1/10/2007	
EXAMINER ART UNIT			T	CLASS-SUBCLASS							
BURKHART, MICHAEL D 1633				435-320100							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.											
				<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0220 (enclose an extra copy of this form).</li> </ul>							
a. Applicant clain	atus (from status indicate ns SMALL ENTITY stat	us. See 37 CFR	1.27.	b. Applicant is no	o long	ger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(	g)(2).	
NOTE: The Issue Fee arinterest as shown by the				k Office.							
Authorized Signature	= Than	9. 1 hil	(w)			Date A	, L L L	13, 2007	<del></del>		
Authorized Signature Shary G. Shillw Typed or printed name Mary L. Miller				AL MARKET		Registration	No	39,303			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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